Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services - Value-Based Purchasing
11 State House Station
Augusta, Maine 04333-0011
Toll Free: (866) 796-2463; TTY: Dial 711 (Maine Relay)
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Meeting name:	HH/BHH Working Group		
Date of meeting:	December 9, 2019	Time:	12-2 P.M.
Minutes prepared	Angelica Booker	Location:	St. Mary's Lewiston
by:			•
Meeting Objective			

Discuss coordination of care, referrals, and current quality measures

## **Attendees**

Angelica Booker, Charyl Malik – **MaineCare** 

Assistance Plus, DFD Russell, Health Affiliates, Maine Behavioral Healthcare, Maine Health Franklin Peds, Midcoast Medical Group, Spurwink, Community Counseling Services, St. Mary's, Sweetser, Tri-County Mental Health, Woodfords

Notes, Decisions, Issues				
Topic	Discussion	Follow-up		
Coordination of Care	Use of the bi-directional communication has	Angelica will		
	opened the door to better	check whether		
	communication/collaboration. Placing to the	MaineCare		
	attention of a Nurse Care Manager/Care Manager	covers		
	on the bi-directional communication form seems to	transportation		
	be working well for some agencies to reach correct person in PCP's office.	to Urgent Care.		
		Yes, Mainecare		
	Attendees recommend setting up notifications in	will cover		
	HealthInfoNet (HIN) for when a client is in the	transportation		
	Emergency Department (ED) or admitted inpatient	to an urgent care facility		
	and checking daily.			
		through NET		
	Attendees concerned that ED usage is high because	services. They		
	MaineCare transportation doesn't cover travel to	advise to "talk		
	urgent care facilities as an alternative. Patients are	to the broker		
	not fully educated of options, though some don't	about what is		
	use alternatives when they are aware of the options.	allowed for urgent		
	Mid Coast states there is a waitlist for services with	transportation"		
	Maine Behavioral Healthcare and Sweetser.	as some policies		
	Attendees suggesting looking at their Memorandum	may be broker		
	of Understanding (MOU) affiliations for where else	specific.		
	to refer patients.			

Janet T. Mills Governor

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Referrals Between HH/BHH	Larger organizations share information/referrals through Electronic Health Records (EHR). Externally, BHHs often receive referrals through call or fax.  There are concerns about length of processing time of MOUs and legal complexities.	Holly Cavna to send Tri- County workflow for referrals/client contact
Quality Measures	Current measures are HbA1c/fasting blood glucose tests annually for patients on antipsychotics (Payfor-Performance) and adolescent well-care visits annually.  Attendee suggested best practices: list the quality measure as a health goal on treatment plan and check pre-visit; have nurse care manager monitor quality measures and create lists of patients needing to be contacted; enter well-visits on bi-directional documents; BHH checking in with PCP during comprehensive assessment and adding to the treatment plan, if appropriate	VBP to verify how the timing of the 21 <sup>st</sup> birthday may affect the AWC data
Next Meeting	First or Second week in March on a Monday from 1:30-3:30. Tri-County to host and facilitate per Holly Cavana.  Attendees would like to share examples of welcome packets.  How are practices/agencies using telehealth?	March meeting cancelled due to COVID-19. Next meeting TBD in July. Attendees to bring examples of their welcome packets to next meeting.